

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037657

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 591

FILED OCT 22 1962

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in lb <u>3 yr.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>208 B. Unity Dr.</u>		d. STREET ADDRESS (If outside, give location) <u>208 B. Unity Dr.</u>	
3. NAME OF DECEASED (Type or print) First <u>WILL</u> Middle <u>RICHARDSON</u> Last <u>Richardson</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>12</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 10-1919</u> 9. AGE (last birthday) <u>42 yr.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>Frank Richardson</u>		11b. MOTHER'S MAIDEN NAME <u>Grace Richardson</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) <u>no</u>		13. SOCIAL SECURITY NO. <u>4</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. I attended the deceased from <u>1953</u> to <u>10-12-62</u> and last saw her/him alive on <u>Sept. 28, 1962</u>	
22. TIME OF INJURY Hour <u>6:00 PM</u> Month, Day, Year <u>10/12/62</u>		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		25. CITY, TOWN, OR LOCATION <u>Columbia, Mo.</u> COUNTY <u>Boone</u> STATE <u>Mo.</u>	
26. SIGNATURE <u>LeRoy Miller</u> (Degree or title)		27. ADDRESS <u>213 Guitar Bldg. Columbia, Mo.</u>	
28. DATE SIGNED <u>10-16-62</u>		29. SIGNATURE <u>Mrs. R.E. Palmer</u>	
30. BURIAL, CREMATION, REMOVAL (Specify)		31. DATE <u>Oct. 16-1962</u>	
32. NAME OF CEMETERY OR CREMATORY <u>Rockledge</u>		33. LOCATION (City, town, or county) <u>Columbia, Mo.</u> (State)	
34. FUNERAL DIRECTOR <u>Mrs. Stuart Parker</u> ADDRESS <u>Columbia, Mo.</u>		35. DATE RECD. BY LOCAL REG. <u>Oct 16 1962</u>	
36. REGISTRAR'S SIGNATURE		37. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1 0109

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12 90.0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me~~,  
or by Holmes T. May, Student Embalmer No. 667  
working under my personal supervision.

Student Holmes T. May  
Signature of Student Embalmer

Signed George R. Trammell

Licensed Embalmer No. 5425

P. O. Address Columbus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.